SECTION 9 - INFORMATION ABOUT YOUR DAILY ACTIVITIES, continued	
9.B. Do you have difficulty doing any of the following? (Please explain any "Yes" answers.)	
Dressing	☐ No ☐ Yes
Bathing	☐ No ☐ Yes
Caring for hair	☐ No ☐ Yes
Taking medicine	☐ No ☐ Yes
Preparing meals	☐ No ☐ Yes
Feeding self	☐ No ☐ Yes
Doing chores (inside/outside house)	☐ No ☐ Yes
Driving or using public transportation	☐ No ☐ Yes
Shopping	☐ No ☐ Yes
Managing money	☐ No ☐ Yes
Walking	☐ No ☐ Yes
Standing	☐ No ☐ Yes
Lifting objects	☐ No ☐ Yes
Using arms	☐ No ☐ Yes
Using hands or fingers	☐ No ☐ Yes
Sitting	☐ No ☐ Yes
Seeing, hearing, or speaking	☐ No ☐ Yes